

AUG 15 2006

PTO/SB/31

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) PF02200NA/10-031	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. box 1450, Alexandria, VA 22313-1450" (37CFR 1.8(a))		In re Application of : Wayne Allen Huddleston	
On: August 15, 2006	Application No. 10/045,724	Filed 10/26/2001	
Signature: <u>Charles W. Bethards</u>	For: METHOD AND APPARATUS FOR BROKERING CONTROL INSTRUCTIONS FOR AN INTELLIGENT.....		
Printed Name: <u>Charles W. Bethards</u>	Art Unit: 2143	Examiner: Joseph E. Alvellino	
Applicant hereby appeals to the Board of Parent Appeals and Interferences for the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>- 0 -</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____			
<input type="checkbox"/> A Check in the amount of the fee is enclosed.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Credit Card. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>51874</u> . I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37CFR 1.136(a) (PT)/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the		<u>Charles W. Bethards</u>	
<input type="checkbox"/> applicant/inventor.		Signature	
<input type="checkbox"/> assignee of record the entire interest.		<u>Charles W. Bethards</u>	
		Typed or printed name	
<input type="checkbox"/> attorney or agent of record. Registration number <u>36,453</u>		<u>817-581-7005</u>	
		Telephone Number	
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if under 37 CFR 1.34(a). _____		<u>August 15, 2006</u>	
		Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".			
<input type="checkbox"/> *Total of _____ forms are submitted.			